

24 Tufton Street London SW1P 3RB

Tel: 4420 4577 3307



### **South Africa Tourist visa Application**

| Ţ                       | Please enter your contact information   |
|-------------------------|---|
| Name                    | •   |
| Email:                  |   |
| Tel:                    | Mobile:   |
| The la                  | test date you need your passport returned in time for your travel:  |
|                         |   |
| visa proce<br>Jpon plac | able to assist the client with checking and reviewing application form to ensure accuracy and meeting with the requirements of the ess, also we will assist you personally during the appointment not to queue up, and will collect your passport. Sing your order, our visa specialist will contact you directly to talk through the process in more detail, determine if biometrics are and if so, to arrange with you the most convenient time for you to attend the appointment at the Visa Application Centre. |
|                         | South Africa tourist visa checklist   |
|                         | Filled out and signed South Africa tourist visa application form. The form is enclosed.   |
| endo                    | <b>Passport.</b> Original Passport valid for 30 days after the end of the visit to South Africa. Passport must have at least 3 blank pages for resement purposes, and issued not more than 10 years ago on the date of submission of your visa application.   |
|                         | Photo 2. Recent digital passport size photographs.  |
|                         | Payment. Credit Card Authorization form, Postal Order payable to VisaHQ.co.uk.  |
|                         | Return mailer. Prepaid self-addressed return label or payment for Royal Mail.   |
| The                     | <b>Proof of status.</b> Proof of resident status in the UK which should be valid for at least 30 days after your return from South Africa. proof of status should include the share code to prove the right to work in the UK.  |
|                         | Itinerary. Copy of round trip tickets or itinerary.   |
|                         | Payslips. Originals and copies of the last three months payslips or salary attestation.   |
|                         | Cover Letter. A cover letter stating the purpose of visit to South Africa.  |
|                         |   |



24 Tufton Street London SW1P 3RB

Tel: 4420 4577 3307



| Yellow Fever Vaccination. A vellow fever vaccination cert in a space of 14 days before arriving or after leaving South Africa.   | tificate. if travelling to or from anv other country affected by vellow fever  |
|--|--|
| <b>Bank Statement.</b> Three months Bank statements with close letter from the bank and should not be older than 7 days).  | sing balance ${	t \pm 600.00}$ (must be stamped or accompanied by a verification   |
|  | at a leave of absence has been granted, purpose and duration of the trip,<br>I, include an Accountant letter and last year proof of paying taxes. For<br>ersity. |
| Hotel Reservation. Hotel Reservation OR Invitation Letter  | with host certified ID copy and recent utility bill.   |
| If you wish to prepay return shipping, please add the sh  Royal Mail Special Delivery by 1 pm (Next Day) - from £11  Same day Central London courier delivery - from £15  Royal Mail Special Delivery by 9 am (Next Day) - from £25  Royal Mail Special Delivery Saturday Guarantee before 1pm (Next Day) - from £25  Same Day Outside Central London - from £30  UK Next Day courier delivery - from £35  Royal Mail Special Delivery Saturday Guarantee before 9am (Next Day) - from £35  VHQ same day Central London - from £40  Airport Service MEET&GREET - from £75  Airport Delivery HEATHROW - from £80  Airport Delivery GATWICK - from £90 |  |
| Prepaid self addressed mailer - £0  Local pick up in London - £0   |  |

**Please mind:** For EU nationals, proof of UK residency or settlement must be demonstrated. As a proof of address copies of council t bills, utility bills or bank statements reflecting a UK address to be provided. These documents must be more than 6 months old at the till of application.



24 Tufton Street London SW1P 3RB

Tel: 4420 4577 3307



All copies of ID/Passport/Residence permit of host in South Africa must be certified copies - that is, certified by the Police in South Africa or a Commissioner of Oaths (The certified copy of the id should not be older than within 3 months).



24 Tufton Street London SW1P 3RB

Tel: 4420 4577 3307



#### **South Africa Tourist visa Application**

| Type of visa          | Validity      | Processing time                | <b>Embassy fee</b> | Service fee | VAT    | Total  |
|-----------------------|---------------|--------------------------------|--------------------|-------------|--------|--------|
| Single/Multiple entry | up to 90 days | 15 bus. days AFTER APPOINTMENT | £135.00            | £120.00     | £24.00 | £279.0 |

This order is subject to Terms of Service, posted on VisaHQ website.

All fees and requirements may change without notice.



24 Tufton Street London SW1P 3RB

Tel: 4420 4577 3307



#### Credit card authorization form

By signing this form i accept VisaHQ.co.uk Terms of Service and authorize to charge my credit card for the amount of  ${\bf f}$ 

| Name on the Credit Card:     |   |      |
|------------------------------|---|------|
| Credit card number:          | - | -    |
| Exp. date:                   | 1 | CVC: |
| Credit Card Billing Address: |   |      |
|                              |   |      |
| Signature:                   |   |      |
|                              |   |      |
| Comments:                    |   |      |
|                              |   |      |

## Thank you! We accept all major credit cards.















(DHA-84) Form 11



# DEPARTMENT OF HOME AFFAIRS REPUBLIC OF SOUTH AFRICA

# APPLICATION FOR PORT OF ENTRY VISA OR TRANSIT VISA [Section 7(1)(g) read with section 10A and 10B; Regulation 8(1)]

NB: A SEPARATE APPLICATION FORM MUST BE COMPLETED IN RESPECT OF EACH ACCOMPANYING FAMILY MEMBER.

## PERSONAL PARTICULARS

| Surname:               |       |       |        |      |        |                  |   |      |                            |
|------------------------|-------|-------|--------|------|--------|------------------|---|------|----------------------------|
| First names (in full): |       |       |        |      |        |                  |   |      |                            |
| Maiden name:           |       |       |        |      |        |                  |   |      |                            |
| Previous surname(s):   |       |       |        |      |        |                  |   |      |                            |
|                        | Υ     | Υ     | Y      | Y    | М      | M                | D | D    |                            |
| Date of birth:         |       |       |        |      |        |                  |   |      | Country of birth:          |
| Gender (write in full) |       |       |        |      |        |                  |   |      |                            |
| Nationality:           |       |       |        |      |        | acquir<br>tional |   | natu | ralisation, state original |
| Where and when was pro | esent | natio | nality | y ob | tained | :                |   |      |                            |

| Passport/Travel Document Number:  Type of document: Diplomatic/Official/Ordinary Passport/Travel document/other (specify) | Issuing authority:   |
|---|----------------------|
|   |                      |
| Permanent residential address in country of no  |                      |
| Country of permanent residence:   | Telephone number: () |
| **************************************  | Home telephone No.:  |
| 25.   | Cellphone No.:       |
|   | E-mail address:      |
| ********  |                      |
| Period resident in that country:  |                      |
| Occupation or profession:   |                      |
| Address:  |                      |
| Telephone No.:  | Fax No.:             |

| If self-employed           | l, state ı            | nam         | ie, ad | ldress | s, tele  | pho   | one no.  | and nat    | ure     | e of business:      |                    |
|----------------------------|-----------------------|-------------|--------|--------|----------|-------|----------|------------|---------|---------------------|--------------------|
| Name of busines            |                       |             |        |        |          |       |          |            |         |                     |                    |
| Address:                   |                       |             |        |        |          |       |          |            |         |                     |                    |
| Marital status:            | Never<br>marrie       | d           |        | Marı   | ried     |       | Widov    | ved        |         | Separated           | Divorced           |
| First name(s) of           | spouse                | ∋:          |        |        |          |       |          |            |         |                     |                    |
| Maiden name                |                       |             |        |        |          |       |          |            |         |                     |                    |
| Date and place<br>marriage |                       |             |        |        | No.      | ·     |          | ,          |         |                     |                    |
|                            | Y                     | Y           | Υ      | Υ      | М        | M     | D        | D          |         |                     |                    |
| Date of birth of spouse:   |                       |             |        |        |          |       |          |            | N       | lationality         |                    |
| VISIT TO SOUTH             | 1 AFRIC               | CA          |        |        |          |       |          |            |         |                     |                    |
| Expected date of           | of arrival            | l in t      | the R  | epubl  | lic: Y   | Υ     |          |            | MI      | VI                  | DD.                |
| Place of arrival:          | • • • • • • • • • • • | • • • • • • |        |        |          |       | Purpo    | se of vis  | sit:    | ******************* |                    |
|                            |                       |             |        |        |          |       |          |            |         | ************        |                    |
| Number of entri            | es requi              | ired:       | :      |        |          |       |          |            |         |                     |                    |
| Single                     |                       |             |        |        |          |       |          |            |         |                     |                    |
| Two                        |                       |             |        |        |          |       |          |            |         |                     |                    |
| Multiple                   |                       |             |        |        |          |       |          |            |         |                     |                    |
| Proposed reside            | ential ad             | ldre        | ss (pl | hysica | al) in 1 | the   | Repub    | lic, inclu | din     | g the full name(s   | s) of your host or |
| hotel:                     |                       |             |        |        |          |       |          |            |         |                     |                    |
| Residential (ph            | ysical) /             | Add         | ress i | in the | Repu     | ildı  | c:       |            | • • • • |                     |                    |
| ********                   | *******               | ****        |        |        |          |       |          | •••••      |         |                     |                    |
|                            |                       |             |        |        |          |       | •••      |            |         |                     |                    |
| l'                         |                       |             |        |        |          |       |          |            |         |                     |                    |
| Telephone of F             | lost or h             | Hote        | el:    |        |          | neser | ******** | *********  | •••     | ***********         |                    |

| Names of Organisations | or persons you will be contacting during | your stay in the Republic: |  |  |
|------------------------|--|----------------------------|--|--|
| Name                   | Address                                  | Relationship               |  |  |
|                        |  |                            |  |  |
|                        |  |                            |  |  |
|                        |  |                            |  |  |

| <br> dentity document number or permanent residence permit number of South Afric | can hos | st, where |  |
|--|---------|-----------|--|
| applicable:  |         | ********* |  |
| Indicate by means of an X whichever is applicable                                |         |           |  |
| Have you at any time applied for a permit to settle permanently in the           | Yes     | No        |  |
| Republic?  |         |           |  |
| Have you ever been restricted or refused entry into the Republic?                | Yes     | No        |  |
| Have you ever been deported from or ordered to leave the Republic?               | Yes     | No        |  |
| Have you ever been convicted of any crime in any country?                        | Yes     | No        |  |
| Is a criminal action pending against you in any country?                         | Yes     | No        |  |
| Are you an unrehabilitated insolvent?  | Yes     | No        |  |
| Are you suffering from tuberculosis or any other infectious or contagious        | Yes     | No        |  |
| disease or any mental or physical deficiency?                                    |         |           |  |
| Have you ever been judicially declared incompetent?                              | Yes     | No        |  |
| Are you a member of, or adherent to an association or organisation               | Yes     | No        |  |

| advocating the practice of social violence or racial hatred or are you or have  |
|---|
| you been a member of an organisation or association utilizing crime or  |
| terrorism to pursue its ends?   |
| Give particulars if reply to any of the questions above is in the affirmative:  |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
| In the case of an official visit, submission of a <i>Note Verbale</i> .   |
|   |
| In the case of a diplomat placed in the Republic, proof of placement.   |
|   |
| To be completed only by passengers in transit to another country:   |
| Destination after leaving the Republic:   |
| Mode of travel to destination:  |
| iviode of traver to destination:  |
| Intended date and port of departure from the Republic to that destination:  |
| Do you hold a visa or permit for temporary or permanent residence in the country of your destination? (Proof must be submitted) |

| İ  |   |   |
|--|---|---|
| (surname and name of applic  | ant) declare that   |   |
| <ul> <li>the above details provided to<br/>understand the meaning there</li> </ul>                                       |   | ce and in fact and that I fully   |
| I understand that should my p<br>would not be allowed to change  | oort of entry visa / transit vi<br>ge my purpose of visit whils |   |
| such an application will only  | be accepted if it is submitt                                    | public for whatever reason, that ted at least 30 days prior to the  |
| expiry date of my current visa  I understand that if I depart would be declared an undes admission into the Republic for | from the Republic after the irrable person and that I w         | e expiry date of my visa, that I vould not qualify for a visa or  |
| Signature of applicant   |   | Date  |
|  |   |   |
|  | FOR OFFICIAL USE  |   |
| Approved/not approved by   | Type of visa:   | Reasons for decision:   |
|  | ***************************************                         | ************  |
| on   |   | TATAL PLANE AND ADMINISTRAÇÃO DE COMPOSIÇÃO |

# DOCUMENTATION TO BE SUBMITTED IN SUPPORT OF A VISA NOT EXCEEDING A PERIOD OF THREE MONTHS

|   | Attach | ned |
|---|--------|-----|
| * * *   | Yes    | No  |
| Valid passport which expires in no less than 30 days after expiry of the  |        |     |
| intended date of departure from the Republic  |        |     |
| Proof of sufficient financial means   |        |     |
| Proof of a valid return or onward ticket or purchase of ticket.   |        |     |
| Documentation outlining the purpose and duration of the visit, or a written invitation by the host(s) in the Republic, as the case may be.  |        |     |
| Where the applicant is attending an activity or event, a letter from the organisation under whose control the activity or event is taking place, confirming such attendance and whether or not the foreigner will be remunerated, and if remunerated, the amount of the remuneration  |        |     |
| In respect of a dependent child accompanying the applicant to or joining the applicant in the Republic—  (a) proof of consent from one or both parents or legal guardian, as the case may be, in the form of a letter or affidavit;  (b) Where applicable, a copy of a court order granting the applicant parental responsibilities and rights in respect of the child; |        |     |
| <ul> <li>(c) A letter from the person who is to receive the child in the Republic,<br/>containing his or her residential address in the Republic where the child<br/>will be residing;</li> </ul>   |        |     |
| (d) A copy of the identity document or valid passport and visa or permanent residence permit of the person who is to receive the child in the Republic; and   |        |     |
| (e) The contact details of the parents or legal guardian.   |        |     |

|  | Attached |    |
|--|----------|----|
|  | Yes      | No |
| In respect of medical treatment for a period not exceeding three months—  (a) A letter from the applicant's registered medical practitioner or medical institution within the Republic, confirming—  (i) that space is available at the medical institution;  (ii) the estimated costs of the treatment;  (iii) whether or not the disease or ailment is curable;  |          |    |
| <ul> <li>(iv) treatment schedule; and</li> <li>(v) the period of intended treatment in the Republic.</li> <li>(b) Details of the person or institution responsible for the medical expenses and hospital fees: Provided that in the case where the applicant's medical scheme or employer is not liable for expenses incurred, proof of financial means to cover the medical costs.</li> <li>(c) The particulars of the persons accompanying the applicant</li> <li>(d) A valid return air flight ticket, where applicable</li> <li>(e) Proof of sufficient financial means or provision for the costs indirectly related to the treatment.</li> </ul> |          |    |
| In respect of studies for a period not exceeding three months—  (a) An undertaking by the Registrar or Principal of the learning institution to—   |          |    |
| (i) provide proof of registration of the learning institution as contemplated in the relevant legislation, within 60 days of registration;   |          |    |
| (ii) in the event of failure to register by the closing date, provide the Director-General with a notification of failure to register within 7 days of the closing days of registration;   |          | 1  |
| (iii) within 30 days, notify the Director-General that the applicant is no longer registered with such institution; and  |          |    |
| (iv) within 30 days, notify the Director-General when the applicant has<br>completed his or her studies or requires to extend such period of<br>study.   |          | 7  |
|  |          |    |

|      |   | Attached |    |
|------|---|----------|----|
|      |   | Yes      | No |
| In r | espect of short-term work to be undertaken in the Republic, a letter from |          |    |
| the  | employer stipulating—   |          |    |
| (a)  | the purpose or necessity of the work                                      |          |    |
| (b)  | the nature of the work;   |          |    |
| (c)  | qualification and skills required for the work;                           |          |    |
| (d)  | the duration of the work;   |          |    |
| (e)  | the place of work   |          |    |
| (f)  | duration of the visit;  |          |    |
| (g)  | proof of remuneration or stipend that the foreigner will receive from the |          |    |
|      | employer; and   |          |    |
| (h)  | identity and contact details of the prospective employer or relevant      |          |    |
|      | contact person from the host institution.                                 |          |    |

## DOCUMENTATION TO BE SUBMITTED IN SUPPORT OF A VISITOR'S VISA APPLICATION FOR A PERIOD EXCEEDING THREE MONTHS

|  | Attached |    |
|--|----------|----|
|  | Yes      | No |
| Valid passport which expires in no less than 30 days after expiry of the intended date of departure from the Republic  |          |    |
| A yellow fever vaccination certificate, where applicable.  |          |    |
| A medical report.  |          |    |
| A radiological report.   |          |    |
| Marriage certificate or in the case of a foreign spousal relationship, proof of official recognition thereof issued by the authorities of the country concerned, if available.   |          |    |
| The affidavit where a spousal relationship to a South African citizen or resident is applicable, as well as documentation proving cohabitation and the extent to which the related financial responsibilities are shared by the parties and setting out the particulars of children in the spousal relationship. |          |    |
| Divorce decree, where applicable.  |          |    |
| Court order granting full or specific parental responsibilities and rights, where applicable.  |          |    |
| Death certificate, in respect of late spouse, where applicable.  |          |    |
| Written consent from both parents and court order granting full parental responsibilities and rights parent, where applicable.   |          |    |

|   | Attached |    |
|---|----------|----|
|   | Yes      | No |
| Proof of legal adoption where applicable.   |          |    |
| Legal separation order, where applicable.   |          |    |
| Police clearance certificates in respect of applicants 18 years and older, in respect of all countries where person resided one year or longer since having attained the age of 18.   | -        |    |
| A yellow fever vaccination certificate, where applicable.   |          |    |
| Proof of academic sabbatical, where applicable.   |          |    |
| Proof of voluntary or charitable activities to be undertaken, where applicable  |          |    |
| Proof of research to be undertaken, where applicable  |          |    |
| In respect of an application by a person who is the spouse or dependent child of the holder of a visa issued in terms of section 11, 13, 14, 15, 17, 18, 19, 20 or 22 of the Act, a certified copy of such holder's visa and a written undertaking of financial responsibility for the applicant. |          |    |
| In respect a teacher at an international school, a contract of employment signed by the employer and the applicant and a written undertaking of financial responsibility for the applicant.   |          |    |
| In respect of a person involved in the production of a film or advertisement in the Republic, documentation confirming such production and the duration thereof.  |          |    |
| In respect of a foreign journalist seconded to the Republic by a foreign news agency, documentation confirming such secondment and the duration thereof.  In respect of a visiting professor or lecturer, an invitation from the host in the  |          |    |
| Republic.  In respect of artists who wish to write, paint or sculpt, documentation confirming the activity to be undertaken and the duration thereof.   |          |    |
| In respect of a person involved in the entertainment industry who would be travelling through the Republic to perform, confirmation thereof by the host in the Republic   |          |    |
| In respect of a tour leader or host of a tour, a contract of employment signed by the employer and the applicant and a written undertaking of financial responsibility for the applicant.   |          |    |



Consulate of South Africa, London

United States Washington, DC

t. +1 (202) 558-2216 f. +1 (202) 318-0771

info@visahq.com www.VisaHQ.com Canada Ottawa, ON

t. +1 (613) 860-0894 f. +1 (613) 482-4508

info@visahq.ca www.VisaHQ.ca United Kingdom London

t. +44 (207) 409-7524 f. +44 (207) 691-7150

info@visahq.co.uk www.VisaHQ.co.uk

|   | Date:  |
|---|--|
| Dear Visa Officer,  |  |
| I,, gi submitted along with my South Africa Visa A My details are : | ve permission to VisaHQ to collect my passport pplication. |
| Passport Number:<br>Nationallity:                                   |  |
| My contact number is  | _ for further queries.                                     |
| Thank you for your kind help and assistance.                        |  |
|   |  |
| Yours Sincerely,  |  |